For Commission Use Only:

Case: 00 0010

OFFICIAL FILE

FORMAL COMPLAINT

12. Minois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701

ORIGINAL

| Regarding a complaint by (Person making the complaint): | Industrial | Kinetics, | Inc. & | MT & | GII, LLC |
|---|--|------------------------|-------------------------------|-----------------------------------|---------------------------------|
| Against (Utility name): Commonwealth Commonwealth Ed: | | iled to co | ommunica | ate. | |
| As to (Reason for complaint) communicated paracomed and complaintants had a reprovide 460v-60c-3ph service to | rtially, inacc written agreem o the complain | ent by whitants' new | nd/or wi ich Com w site | <u>ith de</u> Ed agr in Dou | reed to wners Grove, |
| Illinois by April 2007. Relying movers, engineering, erecting adjusted their own production comEd breached the contract and | <u>companies, mac</u> schedules with | hinery mor their su | <u>vers and</u> opliers | and o | ers, and customers. |
| Complaintants were damaged by | | | II. | 7600 | MM |
| inDowners Grove & Westmont | | | e E | 4- AGN | 8 6 6 0 0 0 0 |
| TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILL | | | 3 9 9 | Δ II: | 150 55 60 100 |
| My mailing address is | orest Gate Cir | cle, Oak | Brook | IL % 05 | 523 |
| The service address that I am complaining about is 2535 | -55 Curtiss St | ., Downer | s Grove | , IL 6 | 50515 |
| My home telephone is | [<u>630</u>] <u>684</u> | -0678 | | | |
| Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at | [630] 655 | -0300 | | | |
| My e-mail address is ghuberiii@iki.com | _ l will accept docu | ments by electronic | means (e-mai | l) 🔲 Yes | KX No |
| (Full name of utility company) <u>Commonwealth</u> to the provisions of the Illinois Public Utilities Act. | Edison | (| respondent) is | a public ut | tility and is subject |
| In the space below, list the specific section of the law, Commiss Code Part 220 | sion rule(s), or utility tariffs | that you think is inv | olved with you | r complaint | i. |
| Code Part 200 & See att: | ached | | | | |
| Have you contacted the Consumer Services Division of the Illin | ais Commerce Commission a | about your complain | t? : | xx Yes | No |
| Has your complaint filed with that office been closed? See | Claim #2007 1 | 4173 | | Yes | No |

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

Please see attached sheet.

Please clearly state what you want the Commission to do in this case: We would like the Commissioner to direct Commonwealth Edison to reimburse claimants for the costs caused by the disregard of its service obligation - a duty of the monopolizer to the monopolized. NOTICE: If personal information (such as a social security number or a bank account number) is contained in this complaint form or provided later in this proceeding, you should submit both a public copy and a confidential copy of the document. Any personal information contained in the public copy should be obscured or removed from the document prior to its submission to the Chief Clerk's office. Any personal information contained in the confidential copy should remain legible. If personal information is provided in your public copy, be advised that it will be available on the internet through the Commission's e-Docket website. The confidential copy of any filing you make, however, will only be available to Commission employees. If you file both a public and confidential version of a document, clearly mark them as such. Today's Date: October 10 2008 Complainant's Signature: Manerie Lifeter (Month, day, year) If an attorney will represent you, please give the attorney's name, address, telephone number, and e-mail address. When you finish filling out this complaint form, you need to file the original with the Commission's Chief Clerk. When filling the original complaint, be sure to include one copy of the original complaint for each utility company complained about (referred to as respondents). VERIFICATION A notary public must witness the completion of this part of the form. I. MARIANNE T HOBER. Complainant, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge. Maxame L. Saher Complainant's Signature Subscribed and sworn/affirmed to before me on (month, day, year)

NOTE: Failure to answer all of the questions on this form may result in this form being returned without &

DONNA M. GORNIAK

Signature, Notery Public, Illinois